

Draft Notes from the Consumer Focus Group Discussion With Architecture+ regarding the planning of new inpatient unit(s)

March 14, 2006

Five Consumers Present

What are the most important things about a hospital?

- Open spaces that are conducive for people to just hang out, talk and socialize with other people within the unit—including kitchen and dining room—preparing food and eating can both be big socialization times
- Large visiting space—lots of comfortable chairs
- Visiting space and kitchen should be away from bedrooms so people who want to sleep are not disturbed
- Meeting space should be available to people don't have to meet in bedrooms
- Brooks One seemed to handle episodes of violence well—it was well supervised
- Try to make the hospital not feel like a hospital (e.g. VSH staff don't wear uniforms, patients have easy access to Canteen, patients can walk around yards, when you are out people don't bother you, people in Waterbury leave you alone and treat you fairly)
- VSH food was different (not as good) as what was available for Women's Correctional facility—new facility should offer/make available the same things that the rest of the hospital makes available
- Going to Father's Logue camp was really wonderful—all the patients looked forward to it
- When people had "fit", having a safe place for them to go that is safe and separate is important.
- Being able to lock your bedroom door at VSH was very good because it helped people feel safe, you worry about violent people wandering around at night
- Need to other activities available besides pool and cribbage. Activities that can be done by yourself or with one other person need to be available, because many people on the ward may not be able to engage in one thing for very long, and if a staff person is not available to do an activity with you, it can be hard to find another person to do the activity with you. Also, you need to have activities that you can do even if your ability to concentrate or focus on one thing is very limited. You need different things to engage in that require different levels of concentration and cooperation with others. You need a variety of things to beside traditional clinical treatment (e.g. groups)
- Brooks rehab was the best in it's design as compared to the other VSH units
- VSH--structure and design were depressing—metal doors, florescent lights, lack of air conditioning, old smoking porch, lack of place for non-smokers to go if they wanted fresh air
- If you can't go off the ward, you need to have places that you can go for fresh air, as well as a place you can go to feel like you are getting away despite not being able to leave the ward.

- When there is bad weather, having a place to access outside/fresh air without being completely exposed to the elements
- Access to fresh air for non-smokers
- Being able to open doors or windows to let in fresh air (without it coming from smokers space)
- Tunnels very depressing “like a dungeon”
- Iron bars and stone does not a prison make (Richard Loveless) -- It won’t just be the bricks and mortar that make a good unit
- Having phone conversations privately—should be able to speak with attorney without being overheard or having to go off unit
- Don’t have a place where you are confined but others can wander in and out
- Lighting—typical lighting doesn’t come close to real outdoor lighting—having lighting that is close to outdoor lighting. To avoid “freaking people out,” use wall light scones and other techniques to make indirect lighting too, so it feels more like a real room (e.g. living room)
- Need models for restraining without using 6 people to tackle someone
- Always have access to someone who is an advocate for the people with mental illness—someone who is not an employee of human services
- People who are going to the hospital are having two types of problems: 1) internal breakdown + 2) problem with environment, and so environment needs to be created in such a way to address #2
- Intake should be like living room: coffee table, overstuffed chairs—“it doesn’t feel like a hospital”
- Access to canteen is a huge issue—at VSH almost everyone really looks forward to being able to go to canteen
- Smaller units would be better
- Ability to separate out forensic patients
- If you have a Brooks One, would need to have more security than Brooks Two
- Casual attire helps it feel less like a hospital
- For people who are disabled---having everything on the same floor
- Ability to put more violent people in separate place
- Need to be able to separate people if it keeps things safer—if you can predict this. People want to know that someone who is having a “breakdown” will be separated not only by staff but by some physical barrier
- It can be offensive to separate “those people” from us
- The seclusion rooms need to be comfortable
- Quiet rooms needed that are comfortable
- Rooms need to be Brighter and soothing
- Having a boutique where you could buy clothes—this is especially important because a lot of people get there with nothing. (e.g. person who came in didn’t even have a jacket, couldn’t go outside)
- Visitors space—would need to be in secure place so you could visit even if you were confined, but also have a space where you could go off the ward that was private so you’re not in there with “everyone else”

- Intake—instead of using a conference room, have something that is more like a living room with coffee table
- Have heard that CVH and RRMC are preferred—what is it about those programs that people like?
- Brooks problem—a lot of space gets used by doctors and social workers and so patients have to meet in dining room or other non-private space. There needs to be protected visiting space so it doesn't get taken by staff for conferences
- Separate, nice room for visiting space, but also should be able to meet in bedroom
- If someone acts up, needs to be a place where you help them so they are not around everyone else and triggering everyone else
- Often people can't do other stuff like canteen or library because staffing is not available—people should be able to go and do activities like the canteen, library, arts room exercise without the need to find extra staff to escort them
- Access to all the other components (art, smoking, activities, canteen) without taking extra staffing
- Private rooms are preferable
- Bathrooms in the rooms!
- Shared bathrooms worked in Brooks rehab
- Showering areas need more privacy—in VSH people could come in and still see people who were showering.
- Aquarium with Lexan (unbreakable glass)
- Decoration—more soothing pictures—pictures of old VSH staff were awful and depressing!
- Sections of walls with paper where people can write on or draw on
- Place where people can hang pictures
- Place where people put stuff up on a bulletin board
- Soothing colors
- Having non-“clinical treatment” activities available is important (e.g. making leather belts, pottery, chess sets, basket weaving, working with copper)
- Don't have mindless activities (stuffing envelopes)
- Place for gardening, music, and art therapy
- Exercise machines—safe equipment that can't be turned into weapon
- Some of the space needs to be designed as though someone is going to be there long-term. How would a living space be different if you knew the person was going to be there for 6 months vs. someone who was going to be there for 10 days?
- Bedrooms should be open all the time
- Dining room should be open all time
- Separate seclusion room from quiet room—at VSH if you want a quiet space, you have to go into the seclusion room, which is depressing and not comfortable (e.g. the only furniture is a mattress on the floor)
- Don't have people enter the hospital through open emergency room—need to have private space where people can come in without a lot of people seeing them. It can feel embarrassing or distressing to be brought in involuntarily and have all these random people see you coming in.

- The design should be set up to allow people who are shackled or in a state where they would not want to be seen to be discretely brought into the hospital and the unit without a lot of exposure to people who don't need to see it. When someone is in a psychiatric crisis, they probably don't want to be seen by a lot of people, and may feel shame afterwards if they made a scene in front of a lot of people or were involuntarily admitted in an openly public method.
- There should be a "decompression room" where people can ease into the unit once they are admitted.
- The admissions process should have access to a private space where you can do private psych exams
- Smaller dining rooms for each unit—too big of a group eating together can be stressful
- Only use regular security people only if they have good training – normal hospital staff might not be welcoming